

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

1219

STATE FILE NUMBER

63-031467

FILED AUG 26 1963

## 1. PLACE OF DEATH

a. COUNTY

Butler

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Poplar Bluff

Length of stay in 1b

60 Yrs.

c. CITY

OR TOWN

Poplar Bluff

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Poplar Bluff Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Rural Route # 5.

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED (Type or print)

First HENRY

Middle C.

Last BROWN

## 4. DATE OF DEATH

Month August

Day 3

Year 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

7/30/1879

## 9. AGE (last birthday)

84

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Timberworker

## 10b. KIND OF BUSINESS OR INDUSTRY

Timber

## 11. BIRTHPLACE (City and state or country)

Illinois

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

## 13b. MOTHER'S MAIDEN NAME

## 14. NAME OF HUSBAND OR WIFE

Deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Mary Grissom, Poplar Bluff Mo.

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

## INTERVAL BETWEEN ONSET AND DEATH

one week

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Insanition, Arteriosclerotic Cardiovascular Disease, Fractured Hip

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

7-8-1963

to 8-2-1963

and last saw him alive on

8-2-1963

Death occurred at

12:10 A. M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE (Degree or title)

T. Thomas Warren M.D.

## 22b. ADDRESS

215 Oak St.

Poplar Bluff, Missouri.

## 22c. DATE SIGNED

8-12-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

8/5/1963

## 23c. NAME OF CEMETERY OR CREMATORY

Harris

## 23d. LOCATION (City, town, or county)

Neelyville, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

FRANK-COTRELL CHAPEL, Poplar Bluff, Mo.

## 25. DATE RECD. BY LOCAL REG.

8/16/1963

## 26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SEP 8 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Scott Cochell

Licensed Embalmer No. 5214

P. O. Address Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.